

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023799

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 114

FILED JUL 13 1962

VS 300
Rev. 4/59

10551

20290

3

4 0

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11055

12 1-3

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora</u>		Length of stay in lb <u>1 1/2 hrs.</u>	c. CITY OR TOWN <u>Arcola</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Star Route</u>
3. NAME OF DECEASED (Type or print) First <u>Ralph</u> Middle <u>Lawton</u> Last <u>Simmons</u>		4. DATE OF DEATH Month <u>July</u> Day <u>7</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-30-1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stockman + Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Bosque Co., Texas</u>
13a. FATHER'S NAME <u>John A. Simmons</u>		13b. MOTHER'S MAIDEN NAME <u>Maude Dishman</u>	14. NAME OF HUSBAND OR WIFE <u>Maye Simmons</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull fracture</u>		17. INFORMANT <u>Mrs. Maye Simmons; Arcola, Mo.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car accident</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____		20f. CITY, TOWN, OR LOCATION <u>Mt. Vernon, Lawrence Mo.</u>	
Death occurred at <u>12:05</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		21. I attended the deceased from _____ to _____ and last saw him alive on _____	
22a. SIGNATURE <u>Edwin Wilks Prover</u>		22b. ADDRESS <u>Pierce City, Mo.</u>	
22c. DATE SIGNED <u>7-8-62</u>		22d. LOCATION (City, town, or county) (State) <u>Greenfield, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 10, 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Greenfield, Mo.</u>	
24. FUNERAL DIRECTOR <u>J. C. Canada; Greenfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-10-62</u>	
26. REGISTRAR'S SIGNATURE <u>George Langley</u>		26. REGISTRAR'S SIGNATURE <u>per A. Phillips</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

JUL 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. C. Canada

Licensed Embalmer No.

4196

P. O. Address

Greenfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.